

Fill in this information to identify the case:

Debtor name Food For Health International, LLC

United States Bankruptcy Court for the: DISTRICT OF UTAH

Case number (if known) 18-23404

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 25, 2018

X /s/ Albert Altro

Signature of individual signing on behalf of debtor

Albert Altro

Printed name

Chief Restructuring Officer

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Food For Health International, LLC**

United States Bankruptcy Court for the: **DISTRICT OF UTAH**

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☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

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Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 2,074,612.94
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 2,074,612.94

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 7,461,678.81
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 65,595.58
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 12,313,184.22
4. Total liabilities Lines 2 + 3a + 3b	\$ 19,840,458.61

Fill in this information to identify the case:

Debtor name **Food For Health International, LLC**United States Bankruptcy Court for the: **DISTRICT OF UTAH**Case number (if known) **18-23404**☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. "Bank of American Fork
1280 South 800 East
Orem, UT 84097

Checking

5911

\$0.00

3.2. "Bank of American Fork
1280 South 800 East
Orem, UT 84097

3197

\$0.00

3.3. Bank of American Fork
EFoods Merchant Account

Merchant Account

\$4,082.45

4. Other cash equivalents (Identify all)

5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$4,082.45

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

Debtor Food For Health International, LLC
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- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 847,635.00 - 169,527.00 = \$678,108.00
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$678,108.00

Part 4: Investments

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials <u>Raw materials</u>		<u>\$0.00</u>	<u>Liquidation</u>	<u>\$516,455.00</u>
20.	Work in progress <u>Work in progress</u>		<u>\$0.00</u>	<u>Liquidation</u>	<u>\$53,539.49</u>
21.	Finished goods, including goods held for resale <u>Finished goods</u>		<u>\$0.00</u>	<u>Liquidation</u>	<u>\$495,313.00</u>
22.	Other inventory or supplies <u>Packaging materials</u>		<u>\$0.00</u>	<u>Liquidation</u>	<u>\$29,427.00</u>

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$1,094,734.49

24. **Is any of the property listed in Part 5 perishable?**

- ☐ No
☒ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

☐ No
☒ Yes. Book value 0 Valuation method Current Value 0

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No

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☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☒ No. Go to Part 8.
☐ Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48.	Watercraft, trailers, motors, and related accessories <i>Examples:</i> Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49.	Aircraft and accessories			
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment) See Schedule D and "Response to Question 50" attached hereto Also see Global Notes	\$501,676.00	Liquidation	\$127,188.00

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$127,188.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
☒ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

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59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.
☐ Yes Fill in the information below.

Part 11: **All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Current value of
debtor's interest

71. **Notes receivable**
Description (include name of obligor)
72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)
73. **Interests in insurance policies or annuities**
74. **Causes of action against third parties (whether or not a lawsuit has been filed)**
75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**
76. **Trusts, equitable or future interests in property**
77. **Other property of any kind not already listed** Examples: Season tickets, country club membership
See "Response to Question 47 and 50" attached hereto
Prepaid Rent

\$170,500.00

78. **Total of Part 11.**
Add lines 71 through 77. Copy the total to line 90.

\$170,500.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

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Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$4,082.45</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$678,108.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$1,094,734.49</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$127,188.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$170,500.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$2,074,612.94</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$2,074,612.94</u>

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United States Bankruptcy Court for the: **DISTRICT OF UTAH**

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Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Bank of American Fork <small>Creditor's Name</small> P. O. Box 307 American Fork, UT 84003 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien 2 HORIZONTAL FORM FILL MANUFACTURING LINES SERIAL NUMBERS: #1-H2014393 IMF 9-12 AND #2-H2014394 IMF 9-12 Describe the lien Security Agreement Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$100,692.72	Unknown

2.2	Bank of American Fork <small>Creditor's Name</small> Attn: Dale Gunther P. O. Box 307 American Fork, UT 84003 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number ip88,3636;uto9,977 Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien Bank of American Fork Efoods Merchant Account Merchant Account Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$98,813.41	\$4,082.45
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Debtor **Food For Health International, LLC** Case number (if know) **18-23404**

Name

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

☐ Contingent

☐ Unliquidated

☐ Disputed

2.3 CT Corporation System

Creditor's Name

**330 N. Brand Blvd, Suite 700
Glendale, CA 91206-3000**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$0.00

Unknown

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

2.4 Everbank Commercial Finance Inc.

Creditor's Name

**PO Box 911608
Denver, CO 80291-1608**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$60,540.52

Unknown

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.5 Mc Dougal Loan

Creditor's Name

**404 S Murdock Dr
Pleasant Grove, UT 84062**

Creditor's mailing address

Describe debtor's property that is subject to a lien

\$4,609,000.00

Unknown

Describe the lien

Security Interest

Is the creditor an insider or related party?

☒ No

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Name

Creditor's email address, if known

☐ Yes

Is anyone else liable on this claim?

Date debt was incurred

☒ No

Last 4 digits of account number

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.6

Pawnee Leasing Corporation

Creditor's Name

Describe debtor's property that is subject to a lien

\$364,060.16

Unknown

- (1) encapsulator with metal detection (value \$115,818 at initial signing, balance at 2/28 - \$99,924.93); (2) bottle capper (value \$25,000 at initial signing; balance at 2/28 - \$23,317.23); (3) encapsulator (agreement just recently finaliz

**3801 Automation Way #207
Fort Collins, CO
80525-3434**

Creditor's mailing address

Describe the lien

Security Agreement

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.7

Priscilla Davis Irrevoc Trust Loan

Creditor's Name

Describe debtor's property that is subject to a lien

\$1,790,605.00

Unknown

-

**825 East 800 North
Orem, UT 84097**

Creditor's mailing address

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

As of the petition filing date, the claim is:

Check all that apply

Debtor **Food For Health International, LLC**

Case number (if know)

18-23404

Name

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

☐ Contingent

☐ Unliquidated

☐ Disputed

2.8

Sundance Debt Partners – Lion Energy

Creditor's Name

**1508 North Technology Way
Bldg G, Suite 0100
Orem, UT 84097**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$0.00

Unknown

Describe the lien

UCC-1 Lion Energy Membership Interest

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

2.9

Thermofisher Financial Services

Creditor's Name

**168 Third Ave
Waltham, MA 02451**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$0.00

Unknown

NICOLET IS50 FTIR ADVANCED XT-KBR GOLD SPECTROMETER, NICOLET IS50 ENGLISH LANGUAGE KIT, POWER CORD NORTH AMERICAN 120V, 3 CONDUCTOR, IS50 GOLD DUAL PASSPORT MIRROR ASSEMBLY, IS50 BUILT-IN DIAMOND ATR MODULE, VALPRO/OMNIC DS NICOLET SERIES C

Describe the lien

Security Agreement

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

2.1

US Bank Equipment Finance

Describe debtor's property that is subject to a lien

\$31,664.00

Unknown

Debtor **Food For Health International, LLC**

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Creditor's Name

**PO Box 790448
Saint Louis, MO 63179**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

ERP, SQL, IAF, EPM (business software)(value at signing - \$262,780; balance at 2/28 - \$26,627.79)

Describe the lien

Security Agreement

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1
1

**Wells Fargo Equipment
Fiance**

Creditor's Name

**PO Box 7777
San Francisco, CA 94120**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

6 Crown forklifts, 12 Douglas batteries, 6 Crown chargers, pallet racking system.

\$30,222.00

Unknown

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1
2

Zions Bank

Creditor's Name

**180 North University Ave
Suite 300
Provo, UT 84601**

Creditor's mailing address

natalie.bass@zionsbank.com

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Describe debtor's property that is subject to a lien

Inventory, Intangibles and Specified Equipement

\$376,081.00

Unknown

Describe the lien

Security Agreement

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Debtor **Food For Health International, LLC**

Case number (if know)

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Name

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$7,461,678.8
1

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name **Food For Health International, LLC**

United States Bankruptcy Court for the: **DISTRICT OF UTAH**

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☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Internal Revenue Service P. O. Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$27,672.00	\$5,600.00
	Date or dates debt was incurred 2012-2018	Basis for the claim: Taxes		
	Last 4 digits of account number 3428 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address Salt Lake County Assessor Personal Prope 2001 South State Street, #N2-600 P.O. Box 147421 Salt Lake City, UT 84114-7421	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$37,923.58	\$37,923.58
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor	Food For Health International, LLC <small>Name</small>	Case number (if known)	18-23404
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3.1	Nonpriority creditor's name and mailing address ABS Packaging 1545 S. 4800 West Salt Lake City, UT 84104 Date(s) debt was incurred ____ Last 4 digits of account number <u>2003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,363.00
3.2	Nonpriority creditor's name and mailing address Accountemps P.O. Box 743295 Los Angeles, CA 90074 Date(s) debt was incurred ____ Last 4 digits of account number <u>4019</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,139.00
3.3	Nonpriority creditor's name and mailing address AE & Sons, LLC 391 W 370 S American Fork, UT 84003 Date(s) debt was incurred ____ Last 4 digits of account number <u>1718</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,104.00
3.4	Nonpriority creditor's name and mailing address AF Bank Equipment Loan (Bank of American 1280 South 800 East Orem, UT 84097 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$130,649.00
3.5	Nonpriority creditor's name and mailing address Airlite Plastics Co. 6110 Abbott Dr. Omaha, NE 68110 Date(s) debt was incurred ____ Last 4 digits of account number <u>3079</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,226.00
3.6	Nonpriority creditor's name and mailing address Altus Global Trade Solutions fbo Coface North America Insurance PO Box 1389 Kenner, LA 70063 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u>9803</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>File No. US-US/1804/54713</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,600.00
3.7	Nonpriority creditor's name and mailing address Ameri-Seal, Inc. 21330 Superior St. Chatsworth, CA 91311 Date(s) debt was incurred ____ Last 4 digits of account number <u>4004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,025.00

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3.8	Nonpriority creditor's name and mailing address American Biotech Labs, LLC 705 E. 50 S. American Fork, UT 84003 Date(s) debt was incurred ____ Last 4 digits of account number <u>1030</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Product Costs</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$577,679.00	
3.9	Nonpriority creditor's name and mailing address American Express US Payment Florida 2965 West Corporate Lakes Blvd Dallas, TX 75265-0448 Date(s) debt was incurred ____ Last 4 digits of account number <u>1041</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$346,581.00	
3.10	Nonpriority creditor's name and mailing address American Fruits & Flavors, LLC PO Box 331060 Pacoima, CA 91333 Date(s) debt was incurred ____ Last 4 digits of account number <u>1434</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,314.00	
3.11	Nonpriority creditor's name and mailing address American International Chemical 135 Newbury Street Framingham, MA 01701 Date(s) debt was incurred ____ Last 4 digits of account number <u>2093</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55,508.00	
3.12	Nonpriority creditor's name and mailing address American International Chemical, Inc. 135 Newbury Street Framingham, MA 01701 Date(s) debt was incurred ____ Last 4 digits of account number <u>2093</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55,508.00	
3.13	Nonpriority creditor's name and mailing address Analytical Laboratories in Anaheim, Inc. 2951 Saturn Street Unit C Brea, CA 92821 Date(s) debt was incurred ____ Last 4 digits of account number <u>3007</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,575.00	
3.14	Nonpriority creditor's name and mailing address Anderson Daymon Worldwide PO Box 749486 Los Angeles, CA 90074-9486 Date(s) debt was incurred ____ Last 4 digits of account number <u>1045</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,745.00	

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3.15	Nonpriority creditor's name and mailing address Anderson Global Group 2030 Main Street Suite# 430 Irvine, CA 92614 Date(s) debt was incurred _____ Last 4 digits of account number <u>3083</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Product Costs</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$255,022.00
3.16	Nonpriority creditor's name and mailing address Aptean, Inc PO Box 95223 Chicago, IL 60694 Date(s) debt was incurred _____ Last 4 digits of account number <u>1721</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,839.00
3.17	Nonpriority creditor's name and mailing address Arla Foods Ingredients, Inc. 106 Allen Rd. Basking Ridge, NJ 07920 Date(s) debt was incurred _____ Last 4 digits of account number <u>4037</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,400.00
3.18	Nonpriority creditor's name and mailing address Aspen Mills Bread Co. PO Box 3061 Ogden, UT 84409 Date(s) debt was incurred _____ Last 4 digits of account number <u>1027</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.19	Nonpriority creditor's name and mailing address Axiom Foods 12100 Wilshire Blvd Suite 800 Los Angeles, CA 90025 Date(s) debt was incurred _____ Last 4 digits of account number <u>1063</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,560.00
3.20	Nonpriority creditor's name and mailing address B Davis Distributing, Inc. 11579 S. County Farm Circle South Jordan, UT 84095 Date(s) debt was incurred _____ Last 4 digits of account number <u>2095</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51,736.00
3.21	Nonpriority creditor's name and mailing address B Davis Distributing, Inc. 11579 S. County Farm Circle South Jordan, UT 84009 Date(s) debt was incurred _____ Last 4 digits of account number <u>2095</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51,736.00

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3.22	<p>Nonpriority creditor's name and mailing address B&B Packaging 1215 N. Warson Rd Saint Louis, MO 63132</p> <p>Date(s) debt was incurred <u> </u></p> <p>Last 4 digits of account number <u>2024</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Insider</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$720,809.41</p>
3.23	<p>Nonpriority creditor's name and mailing address Bank Card Center Zions Bank Credit Cards P.O. Box 30833 Salt Lake City, UT 84130</p> <p>Date(s) debt was incurred <u> </u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u> </u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$57,209.00</p>
3.24	<p>Nonpriority creditor's name and mailing address Barcode Labeling Systems 1955 W Bending River Ct Centerville, UT 84014</p> <p>Date(s) debt was incurred <u> </u></p> <p>Last 4 digits of account number <u>1091</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Business debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$796.00</p>
3.25	<p>Nonpriority creditor's name and mailing address Batory Foods PO Box 75162 Chicago, IL 60675</p> <p>Date(s) debt was incurred <u> </u></p> <p>Last 4 digits of account number <u>1011</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Business debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$12,191.00</p>
3.26	<p>Nonpriority creditor's name and mailing address BDS Natural Products 2779 El Presidio Street Long Beach, CA 90810</p> <p>Date(s) debt was incurred <u> </u></p> <p>Last 4 digits of account number <u>3073</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Business debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$295.00</p>
3.27	<p>Nonpriority creditor's name and mailing address Ben Seeman 745 Corte Cristal San Marcos, CA 92069</p> <p>Date(s) debt was incurred <u> </u></p> <p>Last 4 digits of account number <u>3039</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Business debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00</p>
3.28	<p>Nonpriority creditor's name and mailing address Bi Nutraceuticals Inc 2384 E Pacifica Place Compton, CA 90220</p> <p>Date(s) debt was incurred <u> </u></p> <p>Last 4 digits of account number <u>1085</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Product Costs</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$144,703.00</p>

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3.29	Nonpriority creditor's name and mailing address BioControl Systems, Inc. 12822 SE 32nd Street Bellevue, WA 98005 Date(s) debt was incurred _____ Last 4 digits of account number <u>2099</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$3,330.00
3.30	Nonpriority creditor's name and mailing address Botanical Therapeutics, LLC Dept. 78184 PO Box 78000 Detroit, MI 48278 Date(s) debt was incurred _____ Last 4 digits of account number <u>1040</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$10,274.00
3.31	Nonpriority creditor's name and mailing address Brian C. Percy, Esq. 3890 Tenth Street, 3rd Floor PO Box 1583 Riverside, CA 92502-1583 Date(s) debt was incurred <u>4/10/2018</u> Last 4 digits of account number <u>8119</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$18,817.54
3.32	Nonpriority creditor's name and mailing address Cabin-Tree Cabinets PO Box 1244 Riverton, UT 84065 Date(s) debt was incurred _____ Last 4 digits of account number <u>1806</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$1,765.00
3.33	Nonpriority creditor's name and mailing address California Packaging 845 N. Euclid Ave Ontario, CA 91762 Date(s) debt was incurred _____ Last 4 digits of account number <u>1157</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$13,432.00
3.34	Nonpriority creditor's name and mailing address Canyon Plastics, Inc. 28455 Livingston Ave. Valencia, CA 91355 Date(s) debt was incurred _____ Last 4 digits of account number <u>3094</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$2,162.00
3.35	Nonpriority creditor's name and mailing address CapsCanada PO Box 24556 24556 Network Place Chicago, IL 60673 Date(s) debt was incurred _____ Last 4 digits of account number <u>1108</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$2,607.00

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3.36	Nonpriority creditor's name and mailing address Capsugel US, LLC 535 No. Emerald Rd. Greenwood, SC 29646 Date(s) debt was incurred _____ Last 4 digits of account number <u>1109</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Product Costs</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$109,426.00
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3.37	Nonpriority creditor's name and mailing address Cepharm, Inc. 144 12th Street Piscataway, NJ 08854 Date(s) debt was incurred _____ Last 4 digits of account number <u>3070</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68,100.00
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3.38	Nonpriority creditor's name and mailing address CHEP File 749003 Los Angeles, CA 90074-9003 Date(s) debt was incurred _____ Last 4 digits of account number <u>1125</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.39	Nonpriority creditor's name and mailing address Choosy Chocolates, LLC 2255 S. 5370 W. West Valley City, UT 84120 Date(s) debt was incurred _____ Last 4 digits of account number <u>4018</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$0.00
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3.40	Nonpriority creditor's name and mailing address Cintas Cintas LOC 180 PO Box 650838 Dallas, TX 75264 Date(s) debt was incurred _____ Last 4 digits of account number <u>1132</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,029.00
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3.41	Nonpriority creditor's name and mailing address Codale Electric Supply, Inc 5225 W 2400 S Salt Lake City, UT 84120 Date(s) debt was incurred _____ Last 4 digits of account number <u>1139</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$360.00
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3.42	Nonpriority creditor's name and mailing address Cohne Kinghorn 111 East Broadway, 11th Floor Salt Lake City, UT 84111 Date(s) debt was incurred _____ Last 4 digits of account number <u>1480</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,597.00
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3.43	Nonpriority creditor's name and mailing address Cold As Ice 4282 W Open Crest Dr South Jordan, UT 84009 Date(s) debt was incurred ____ Last 4 digits of account number <u>1826</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,200.00
3.44	Nonpriority creditor's name and mailing address Columbia GEM House, Inc. 12507 NE 95th Street Vancouver, WA 98682 Date(s) debt was incurred ____ Last 4 digits of account number <u>4036</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,224.00
3.45	Nonpriority creditor's name and mailing address Covance Laboratories PO Box 820511 Philadelphia, PA 19182 Date(s) debt was incurred ____ Last 4 digits of account number <u>1154</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,389.00
3.46	Nonpriority creditor's name and mailing address Crown Lift Trucks PO Box 641173 Cincinnati, OH 45264 Date(s) debt was incurred ____ Last 4 digits of account number <u>1164</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$253.00
3.47	Nonpriority creditor's name and mailing address David Leigh Ray Quinney 36 South State #1400 36 South State #1400 Salt Lake City, UT 84145 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.48	Nonpriority creditor's name and mailing address DHL Global Forwarding PO Box 742802 LockBox #5195 Los Angeles, CA 90074 Date(s) debt was incurred ____ Last 4 digits of account number <u>1847</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$152.00
3.49	Nonpriority creditor's name and mailing address Ecolab Pest Elimination 26252 Network Place Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number <u>1205</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,489.00

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3.50	Nonpriority creditor's name and mailing address Ecuadorian Rainforest, LL 25 Main Street Building# 6 Belleville, NJ 07109 Date(s) debt was incurred ____ Last 4 digits of account number <u>3048</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,836.00
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3.51	Nonpriority creditor's name and mailing address Ecuadorian Rainforest, LL 25 Main Street Building# 6 Belleville, NJ 07109 Date(s) debt was incurred ____ Last 4 digits of account number <u>3039</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.52	Nonpriority creditor's name and mailing address FedEx P.O. box 223125 Pittsburgh, PA 15251-2125 Date(s) debt was incurred ____ Last 4 digits of account number <u>1232</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.53	Nonpriority creditor's name and mailing address Fenchem, Inc. 15308 El Prado Rd. Chino, CA 91710 Date(s) debt was incurred ____ Last 4 digits of account number <u>3027</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> <u>Payable to Maui Star</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51,356.00
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3.54	Nonpriority creditor's name and mailing address Fenchem, Inc. 15308 El Prado Rd. Chino, CA 91710 Date(s) debt was incurred ____ Last 4 digits of account number <u>3027</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51,356.00
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3.55	Nonpriority creditor's name and mailing address FFH Holdings 1215 North Warson Road Saint Louis, MO 63132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,172,000.00
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3.56	Nonpriority creditor's name and mailing address Firetrol Protection Systems 3696 West 900 South Suite A Salt Lake City, UT 84101 Date(s) debt was incurred ____ Last 4 digits of account number <u>2015</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Name	Case number (if known)	18-23404
3.57	Nonpriority creditor's name and mailing address Firmenich Incorporated 250 Plainsboro Rd. Plainsboro, NJ 08536 Date(s) debt was incurred ____ Last 4 digits of account number <u>3066</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,151.00
3.58	Nonpriority creditor's name and mailing address Flexible Technologies 1275 S. 1600 W. Orem, UT 84058 Date(s) debt was incurred ____ Last 4 digits of account number <u>3096</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,108.00
3.59	Nonpriority creditor's name and mailing address FutureCeuticals 300 West 6th Street Momence, IL 60954 Date(s) debt was incurred ____ Last 4 digits of account number <u>1734</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$69,120.00
3.60	Nonpriority creditor's name and mailing address Garuda International, Inc. P.O. Box159 Exeter, CA 93221 Date(s) debt was incurred ____ Last 4 digits of account number <u>1256</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.61	Nonpriority creditor's name and mailing address Givaudan Flavors Corporation 1199 Edison Drive Cincinnati, OH 45216 Date(s) debt was incurred ____ Last 4 digits of account number <u>3069</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,516.00
3.62	Nonpriority creditor's name and mailing address Glanbia Nutritionals (NA) Inc 2840 Loker Ave E. Carlsbad, CA 92010 Date(s) debt was incurred ____ Last 4 digits of account number <u>1258</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,197.00
3.63	Nonpriority creditor's name and mailing address Globaltranz Enterprises, Inc. PO Box 203285 Dallas, TX 75320 Date(s) debt was incurred ____ Last 4 digits of account number <u>2005</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,263.00

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3.64	Nonpriority creditor's name and mailing address Hatch, James & Dodge Law Offices 10 West Broadway Suite 400 Salt Lake City, UT 84101 Date(s) debt was incurred _____ Last 4 digits of account number <u>4034</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
3.65	Nonpriority creditor's name and mailing address Healthy Food Ingredients 849 14th Street SW Valley City, ND 58072 Date(s) debt was incurred _____ Last 4 digits of account number <u>3053</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,884.00
3.66	Nonpriority creditor's name and mailing address Imaging Concepts 3785 S. 500 W. Salt Lake City, UT 84115 Date(s) debt was incurred _____ Last 4 digits of account number <u>1309</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,610.00
3.67	Nonpriority creditor's name and mailing address IMOV, LLC 825 East 800 North Orem, UT 84097 Date(s) debt was incurred _____ Last 4 digits of account number <u>3031</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,517.00
3.68	Nonpriority creditor's name and mailing address Industrial Container PO Box 26668 Salt Lake City, UT 84126 Date(s) debt was incurred _____ Last 4 digits of account number <u>1301</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,215.00
3.69	Nonpriority creditor's name and mailing address Ingredients by Nature 5555W. Brooks St. Montclair, CA 91763 Date(s) debt was incurred _____ Last 4 digits of account number <u>2013</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,100.00
3.70	Nonpriority creditor's name and mailing address Intermountain Staffing 450 E. 1000 N North Salt Lake, UT 84054 Date(s) debt was incurred _____ Last 4 digits of account number <u>2000</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,549.00

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Name				
3.71	Nonpriority creditor's name and mailing address Jim K. Phillips 652 South 1050 East Orem, UT 84097 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$300,000.00
3.72	Nonpriority creditor's name and mailing address Kirton McKonkie PO Box 45120 Salt Lake City, UT 84145 Date(s) debt was incurred ____ Last 4 digits of account number <u>1991</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$1,420.00
3.73	Nonpriority creditor's name and mailing address Kruse Landa Maycock & Ricks Twenty-First Floor 136 East South Temple Salt Lake City, UT 84145 Date(s) debt was incurred ____ Last 4 digits of account number <u>1364</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$185,924.00
3.74	Nonpriority creditor's name and mailing address L.V. Lomas, Inc. 11850 SW 67th Ave. Suite 110 Portland, OR 97223 Date(s) debt was incurred ____ Last 4 digits of account number <u>3017</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$7,446.00
3.75	Nonpriority creditor's name and mailing address Larkin Landscaping PO Box 1344 Bountiful, UT 84011 Date(s) debt was incurred ____ Last 4 digits of account number <u>1371</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$3,385.00
3.76	Nonpriority creditor's name and mailing address Launch Sourcing, LLC. 2153 South Remington Avenue Saratoga Springs, UT 84045 Date(s) debt was incurred ____ Last 4 digits of account number <u>3024</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$0.00
3.77	Nonpriority creditor's name and mailing address LiquaDry 3000 N 7500 W. Abrahm, UT 84635 Date(s) debt was incurred ____ Last 4 digits of account number <u>1384</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$54,850.00

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3.78	Nonpriority creditor's name and mailing address Marburg Industries, Inc 1207 Activity Dr Vista, CA 92081 Date(s) debt was incurred ____ Last 4 digits of account number <u>1985</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,716.00	
3.79	Nonpriority creditor's name and mailing address Maypro Industries. LLC 2957 Westchester Ave Purchase, NY 10577 Date(s) debt was incurred ____ Last 4 digits of account number <u>1955</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$257,863.00	
3.80	Nonpriority creditor's name and mailing address Maypro Industries. LLC 2975 Westchester Avenue Purchase, NY 10577 Date(s) debt was incurred ____ Last 4 digits of account number <u>1955</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,500.00	
3.81	Nonpriority creditor's name and mailing address McMaster-Carr Supply Co. PO Box 7690 Chicago, IL 60680 Date(s) debt was incurred ____ Last 4 digits of account number <u>1417</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$504.00	
3.82	Nonpriority creditor's name and mailing address Medline Industires, Inc. Dept 1080 PO Box 121080 Dallas, TX 75312 Date(s) debt was incurred ____ Last 4 digits of account number <u>3086</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,408.00	
3.83	Nonpriority creditor's name and mailing address Medline Industires, Inc. Dept 1080 PO Box 121080 Dallas, TX 75312 Date(s) debt was incurred ____ Last 4 digits of account number <u>3086</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	
3.84	Nonpriority creditor's name and mailing address Michael Best & Freidrich LLP 170 S. Main St. Ste 1000 Salt Lake City, UT 84104 Date(s) debt was incurred ____ Last 4 digits of account number <u>4022</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,560.00	

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3.85	Nonpriority creditor's name and mailing address Midwest Laboratories Inc. 13611 B Street Omaha, NE 68144 Date(s) debt was incurred _____ Last 4 digits of account number <u>1413</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,965.00
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3.86	Nonpriority creditor's name and mailing address Motion Industries P.O. Box 98412 Chicago, IL 60693 Date(s) debt was incurred _____ Last 4 digits of account number <u>1423</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.87	Nonpriority creditor's name and mailing address Mountain Labs Holding, LLC fka FFHI Acquisitions LLC 3250 West Professional Circle Salt Lake City, UT 84104 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,585,407.00
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3.88	Nonpriority creditor's name and mailing address MTC Industries, Inc. 255 Oser Ave. Hauppauge, NY 11788 Date(s) debt was incurred _____ Last 4 digits of account number <u>3030</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Product Costs</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$420,953.00
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3.89	Nonpriority creditor's name and mailing address NATAC 2825 E. Cottonwood Pkwy Suite 500 Salt Lake City, UT 84121 Date(s) debt was incurred _____ Last 4 digits of account number <u>3087</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,400.00
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3.90	Nonpriority creditor's name and mailing address Neogen Corporation 25153 Netwprk Place Chicago, IL 60673-1251 Date(s) debt was incurred _____ Last 4 digits of account number <u>2032</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,998.00
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3.91	Nonpriority creditor's name and mailing address Network Security Solutions 1438 S. 1400 E. Spanish Fork, UT 84660 Date(s) debt was incurred _____ Last 4 digits of account number <u>1825</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,232.00
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3.92	Nonpriority creditor's name and mailing address Nexation 3214 North University Avenue Suite 351 Provo, UT 84604 Date(s) debt was incurred ____ Last 4 digits of account number <u>4054</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.93	Nonpriority creditor's name and mailing address Nexira 15 Somerset Street Somerville, NJ 08876 Date(s) debt was incurred ____ Last 4 digits of account number <u>1901</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.94	Nonpriority creditor's name and mailing address NP Nutra 15171 S. Figueroa St. Gardena, CA 90248 Date(s) debt was incurred ____ Last 4 digits of account number <u>1819</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$160.00
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3.95	Nonpriority creditor's name and mailing address NSF International Dept Lockbox #771380 PO Box 77000 Detroit, MI 48227-1380 Date(s) debt was incurred ____ Last 4 digits of account number <u>1870</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,744.00
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3.96	Nonpriority creditor's name and mailing address Nutraceutix 9609 153re Ave NE Redmond, WA 98052 Date(s) debt was incurred ____ Last 4 digits of account number <u>1454</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
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3.97	Nonpriority creditor's name and mailing address Packaging Corp of America 451 North 5600 West Salt Lake City, UT 84116 Date(s) debt was incurred ____ Last 4 digits of account number <u>1486</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,035.00
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3.98	Nonpriority creditor's name and mailing address Palmer Chicago Investment Co. c/o SB Management Corp. 433 N Camden Dr. Ste 800 Beverly Hills, CA 90210 Date(s) debt was incurred ____ Last 4 digits of account number <u>2016</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
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Debtor	Food For Health International, LLC		Case number (if known)	18-23404
Name				
3.99	Nonpriority creditor's name and mailing address Phelps Dunbar, c/o David Patron 365 Canal Street, Suite 2000 New Orleans, LA 70130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown	
3.100	Nonpriority creditor's name and mailing address Philadelphia Macaroni Co Emmitt Gardner 760 South 11th Street Philadelphia, PA 19147 Date(s) debt was incurred ____ Last 4 digits of account number <u>1483</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,590.00	
3.101	Nonpriority creditor's name and mailing address PowderPure 250 Steelhead Way The Dalles, OR 97058 Date(s) debt was incurred ____ Last 4 digits of account number <u>1158</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Product Costs</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$246,596.00	
3.102	Nonpriority creditor's name and mailing address Pozzetta Supplies 3219 S. Platte River Dr. Englewood, CO 80110 Date(s) debt was incurred ____ Last 4 digits of account number <u>4028</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$123.00	
3.103	Nonpriority creditor's name and mailing address Precision Truck and Trailer 1220 South Pioneer Rd Salt Lake City, UT 84104 Date(s) debt was incurred ____ Last 4 digits of account number <u>1507</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,274.00	
3.104	Nonpriority creditor's name and mailing address Premier Employee Solutions PO Box 731107 Dallas, TX 75373 Date(s) debt was incurred ____ Last 4 digits of account number <u>1510</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Contract Expenses</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$145,130.00	
3.105	Nonpriority creditor's name and mailing address Prince Perelson, LLC 2180 South 1300 East Suite# 350 Salt Lake City, UT 84106 Date(s) debt was incurred ____ Last 4 digits of account number <u>4041</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,000.00	

Debtor	Food For Health International, LLC <small>Name</small>	Case number (if known)	18-23404
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3.106	Nonpriority creditor's name and mailing address Prinova US, LLC 36780 Eagle Way Chicago, IL 60678-1367 Date(s) debt was incurred ____ Last 4 digits of account number <u>1511</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.107	Nonpriority creditor's name and mailing address ProcessOne Solutions, LLC 5714 Sandstone Ridge Rd. Midlothian, VA 23112-6301 Date(s) debt was incurred ____ Last 4 digits of account number <u>3085</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,963.00
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3.108	Nonpriority creditor's name and mailing address Pure Assay Ingredients, Inc. 4010 West Valley Blvd Suite 104 Walnut, CA 91789 Date(s) debt was incurred ____ Last 4 digits of account number <u>2075</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.109	Nonpriority creditor's name and mailing address Ray Quinney & Nebeker PC Attn: Accts Receivable P.O. Box 45385 Salt Lake City, UT 84145 Date(s) debt was incurred ____ Last 4 digits of account number <u>4021</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,748.00
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3.110	Nonpriority creditor's name and mailing address Real Aloe Solutions, Inc. 4616 W. Sahara Ave. Suite# 425 Las Vegas, NV 89102 Date(s) debt was incurred ____ Last 4 digits of account number <u>3026</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,207.00
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3.111	Nonpriority creditor's name and mailing address RiceBran Technologies PO Box 53597 Phoenix, AZ 85072 Date(s) debt was incurred ____ Last 4 digits of account number <u>1455</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,817.00
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3.112	Nonpriority creditor's name and mailing address Richard Barton Enterprises 4072 Chestnut St. 2nd Floor Riverside, CA 92501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Packagin</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,821.94
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Debtor	Food For Health International, LLC <small>Name</small>	Case number (if known)	18-23404
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3.113	Nonpriority creditor's name and mailing address Rocketship, Inc. c/o Randall B. Bateman, Durham Jones & P 111 South Main Street, Suite 2400 Salt Lake City, UT 84111 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.114	Nonpriority creditor's name and mailing address Rocky Mountain Power Attn: Bankruptcy Team P.O. Box 25308 Salt Lake City, UT 84125 Date(s) debt was incurred _____ Last 4 digits of account number <u>1540</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$7,130.00
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3.115	Nonpriority creditor's name and mailing address Ropers, Majeski, Kohn & Bentley 1001 Marshall Street Suite 500 Redwood City, CA 94063 Date(s) debt was incurred _____ Last 4 digits of account number <u>1984</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$29,467.00
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3.116	Nonpriority creditor's name and mailing address Salt Lake County Assessor PO Box 410470 Salt Lake City, UT 84141 Date(s) debt was incurred _____ Last 4 digits of account number <u>1556</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$10,353.00
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3.117	Nonpriority creditor's name and mailing address Silva International Inc. P.O. Box 6684 Carol Stream, IL 60197 Date(s) debt was incurred _____ Last 4 digits of account number <u>1580</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.118	Nonpriority creditor's name and mailing address Squire & Company PC 1329 S. 800 East Orem, UT 84097 Date(s) debt was incurred _____ Last 4 digits of account number <u>1601</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.119	Nonpriority creditor's name and mailing address Stauber Performance Ingredient 4120 N Palm Street Fullerton, CA 92835 Date(s) debt was incurred _____ Last 4 digits of account number <u>1603</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Product Costs</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$304,771.00
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Debtor	Food For Health International, LLC <small>Name</small>	Case number (if known)	18-23404
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3.120	Nonpriority creditor's name and mailing address Sterling Pallets, LLC P.O. Box 430 West Jordan, UT 84084 Date(s) debt was incurred ____ Last 4 digits of account number <u>3061</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,234.00
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3.121	Nonpriority creditor's name and mailing address Sully Enterprises, Inc. 1222 W. 10610 S. South Jordan, UT 84095 Date(s) debt was incurred ____ Last 4 digits of account number <u>2098</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,625.00
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3.122	Nonpriority creditor's name and mailing address Sundance Debt Partners 1508 North Technology Way Bldg G, Suite 0100 Orem, UT 84097 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.123	Nonpriority creditor's name and mailing address Sunland Nutrition 1150 N Red Gum St Suite E Anaheim, CA 92806 Date(s) debt was incurred ____ Last 4 digits of account number <u>1783</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$638.00
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3.124	Nonpriority creditor's name and mailing address Superfruit Source, LLC 11650 S. State Street Unit 370 Draper, UT 84020 Date(s) debt was incurred ____ Last 4 digits of account number <u>4000</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82,591.00
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3.125	Nonpriority creditor's name and mailing address TES Equipemnt Supplier Inc. 245 S.Mountainlands Dr Orem, UT 84058 Date(s) debt was incurred ____ Last 4 digits of account number <u>1629</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,908.00
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3.126	Nonpriority creditor's name and mailing address Tharco 451 North 5600 West Salt Lake City, UT 84116 Date(s) debt was incurred ____ Last 4 digits of account number <u>1633</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$887.00
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Debtor	Food For Health International, LLC <small>Name</small>	Case number (if known)	18-23404
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3.127	Nonpriority creditor's name and mailing address Titan Cold Storage 1911 South 900 West Salt Lake City, UT 84101 Date(s) debt was incurred ____ Last 4 digits of account number <u>2007</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.128	Nonpriority creditor's name and mailing address TR International, LLC 1048 Southerby Lane Alpharetta, GA 30004 Date(s) debt was incurred ____ Last 4 digits of account number <u>3029</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,340.00
3.129	Nonpriority creditor's name and mailing address Trafa Pharmaceutical Supplies, Inc. 142 Pleasant Street Suite 102A Easthampton, MA 01027 Date(s) debt was incurred ____ Last 4 digits of account number <u>4020</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,600.00
3.130	Nonpriority creditor's name and mailing address Triple Dot Corporation 3302 S. Susan St. Santa Ana, CA 92704 Date(s) debt was incurred ____ Last 4 digits of account number <u>3078</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,815.00
3.131	Nonpriority creditor's name and mailing address U.S. Custom & Border Protection 6650 Telecom Drive, Suite 100 Indianapolis, IN 46278 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Tariff</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,441,462.33
3.132	Nonpriority creditor's name and mailing address Unovo, LLC 1200 Harbour Way S. #215 Richmond, CA 94804 Date(s) debt was incurred ____ Last 4 digits of account number <u>4033</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$107,650.00
3.133	Nonpriority creditor's name and mailing address UPS PO Box 894820 Los Angeles, CA 90189 Date(s) debt was incurred ____ Last 4 digits of account number <u>1651</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$365,184.00

Debtor **Food For Health International, LLC** Case number (if known) **18-23404**

<p>3.134 Nonpriority creditor's name and mailing address Valensa International 2751 Nutra Lane Eustis, FL 32726 Date(s) debt was incurred ____ Last 4 digits of account number <u>1909</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$29,250.00</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Business debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.135 Nonpriority creditor's name and mailing address Vivion Inc. 929 Bransten Road San Carlos, CA 94070 Date(s) debt was incurred ____ Last 4 digits of account number <u>1678</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$358.00</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Business debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.136 Nonpriority creditor's name and mailing address Waste Management of UT 1820 East Sky Harbor Court South Phoenix, AZ 85034-9700 Date(s) debt was incurred ____ Last 4 digits of account number <u>1697</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Business debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.137 Nonpriority creditor's name and mailing address WeiserMazars 135 W 50 St New York, NY 10020 Date(s) debt was incurred ____ Last 4 digits of account number <u>2032</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$13,084.00</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Business debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Daniel Moken 1105 Laurel Oak Rd, #136 Voorhees, NJ 08043	Line <u>3.9</u> <input type="checkbox"/> Not listed. Explain ____	—
4.2	David Leigh 36 South State Street, #1400 Salt Lake City, UT 84111	Line <u>3.104</u> <input type="checkbox"/> Not listed. Explain ____	<u>Premier</u>
4.3	Lion Energy c/o Alexandra Salzman DeKieffer & Horgan Law 1090 Vermont Ave NW #410 Washington, DC 20005	Line <u>3.131</u> <input type="checkbox"/> Not listed. Explain ____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. Total claims from Part 1	\$	65,595.58
5b. Total claims from Part 2	+	12,313,184.22

Debtor **Food For Health International, LLC**
Name

Case number (if known) **18-23404**

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

5c. \$ **12,378,779.80**

Fill in this information to identify the case:

Debtor name **Food For Health International, LLC**

United States Bankruptcy Court for the: **DISTRICT OF UTAH**

Case number (if known) **18-23404**

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Everbank Commercial Finance Inc.

2.2. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Rent of premises located at 3250 W. Professional Circle, SLC, UT 84104 to July of 2025

**Palmer Chicago Investment Company
c/o SB Management Corporation
433 N. Camden Drive, Suite 800
Beverly Hills, CA 90210**

2.3. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Pawnee Leasing Corporation

2.4. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Payroll, I-0, W-2, employment assistance

Expires Nov. 2, 2018

**Premier Employee Solutions
PO Box 731107
Dallas, TX 75373**

Debtor 1 **Food For Health International, LLC**

First Name

Middle Name

Last Name

Case number (if known) **18-23404**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Personnel Staffing**

State the term remaining **Month to month**

List the contract number of any government contract

**Teamworks Professional Services, Inc.
4626 North 300 West, Suite 100
Provo, UT 84604**

2.6. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Thermo Fisher Financial Services

2.7. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**US Bank Equipment Finance
PO Box 790448
Saint Louis, MO 63179**

2.8. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Wells Fargo Equipment Finance
PO Box 7777
San Francisco, CA 94120**

Fill in this information to identify the case:

Debtor name **Food For Health International, LLC**

United States Bankruptcy Court for the: **DISTRICT OF UTAH**

Case number (if known) **18-23404**

☐ Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 **Lion Energy, LLC**

**825 E. 800 N.
Orem, UT 84097
Lion Energy has agreed to Indemnify FFHI**

**U.S. Custom &
Border Protection**

☐ D _____
☒ E/F **3.131**
☐ G _____

Fill in this information to identify the case:

Debtor name **Food For Health International, LLC**

United States Bankruptcy Court for the: **DISTRICT OF UTAH**

Case number (if known) **18-23404**

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:
From **1/01/2018** to **Filing Date**

Sources of revenue
Check all that apply

☒ Operating a business
☐ Other _____

Gross revenue
(before deductions and exclusions)

\$12,404,006.68

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

3.1. **See Attached List**

\$0.00

☐ Secured debt
☐ Unsecured loan repayments
☐ Suppliers or vendors
☐ Services
☐ Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership

Debtor **Food For Health International, LLC**Case number (if known) **18-23404**

debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
Choosy Chocolates, LLC 2255 S. 5370 W. West Valley City, UT 84120	Garnishment	3/12/18	\$41,784.00

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	One Hand Family Limited Partne vs. Food For Health International 170400281	Civil	Fourth District Court, State of Utah Utah County, Provo Department 125 N 100 W Provo, UT 84601	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	One Hand Family Limited Partne vs. Food For Health International 170100042	Civil	Fourth District Court, State of Utah, Utah County, American Fork Department 75 E 80 N #202 American Fork, UT 84003	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	Choosy Chocolates LLC vs. Food For Health International 170907178	Civil	Third District Court, State of Utah, Salt Lake County, SLC Department 450 S State Salt Lake City, UT 84111	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor **Food For Health International, LLC**

Case number (if known) **18-23404**

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.4.	Rocketship Inc. vs. Food For Health International 150400420	Civil	Fourth District Court, State of Utah Utah County, Provo Department 125 N 100 W Provo, UT 84601	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.5.	American Express Travel Related Services Company, Inc vs. Food For Health International, LLC 657061/2017	Civil	Supreme Couth of the State of New York County of New York	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.6.	FFH v. Gobii None	Potential claim agasint Gobii related to the Customs liability		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.7.	Alfasigma vs. Food for Health International, LLC; EBM Medical, LLC; Zachary T. Heard, IV; Jason W. Tomlinson; Richard Wickline; Jeffery M. Romano; Stepehn A. Smith; Brendan Costello; Russell V. Edwards 2:17-cv-07753-ILRL-KWR		Eastern District of Louisiana (New Orleans) 500 Poydras Street New Orleans, LA 70130	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.8.	Palmer Chicago Investment Company v. Food For Health International, LLC 180902604	Unlawful Detainer	Third District Court, State of Utah, Salt Lake County, SLC Department 450 S State Salt Lake City, UT 84111	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.9.	Richard Barton Enterprises v. Food For Health International 1808098		Superior Court of California 4050 Main Street Riverside, CA 92501	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Debtor **Food For Health International, LLC**Case number (if known) **18-23404****Description of the property lost and how the loss occurred****Amount of payments received for the loss**

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

Dates of loss**Value of property lost****Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	McKay, Burton & Thurman 15 West South Temple, Suite 1000 Salt Lake City, UT 84101		3/2018 - 5/2018	\$75,000.00

Email or website address**Who made the payment, if not debtor?**

11.2.	Traverse			\$40,000.00
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Email or website address**Who made the payment, if not debtor?****12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.**Who received transfer?
Address****Description of property transferred or payments received or debts paid in exchange****Date transfer was made****Total amount or value****Part 7: Previous Locations****14. Previous addresses**

Debtor **Food For Health International, LLC**Case number (if known) **18-23404**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address

Dates of occupancy
From-To**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services
the debtor providesIf debtor provides meals
and housing, number of
patients in debtor's care**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- ☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

Slavic Integrated Administration, Inc.,

Employer identification number of the plan

EIN: _____

Has the plan been terminated?

- ☒ No
- ☐ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ NoneFinancial Institution name and
AddressLast 4 digits of
account numberType of account or
instrumentDate account was
closed, sold,
moved, or
transferredLast balance
before closing or
transfer**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

Debtor **Food For Health International, LLC**Case number (if known) **18-23404**☒ None

Depository institution name and address

Names of anyone with
access to it
Address

Description of the contents

Do you still
have it?**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address

Names of anyone with
access to it

Description of the contents

Do you still
have it?**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Owner's name and address

Location of the property

Describe the property

Value

See Attached "Response to Question
21"**\$0.00****Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.**Report all notices, releases, and proceedings known, regardless of when they occurred.****22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**☒ No.☐ Yes. Provide details below.Case title
Case numberCourt or agency name and
address

Nature of the case

Status of case

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?☒ No.☐ Yes. Provide details below.

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

24. Has the debtor notified any governmental unit of any release of hazardous material?☒ No.☐ Yes. Provide details below.

Debtor **Food For Health International, LLC**

Case number (if known) **18-23404**

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☒ None

Name and address

Date of service
From-To

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address

If any books of account and records are unavailable, explain why

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

Debtor **Food For Health International, LLC**

Case number (if known) **18-23404**

- ☒ No
☐ Yes. Identify below.

Name and address of recipient

Amount of money or description and value of property

Dates

Reason for providing the value

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the parent corporation

Debtor **Food For Health International, LLC**

Case number (if known) **18-23404**

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **May 25, 2018**

/s/ Albert Altro

Signature of individual signing on behalf of the debtor

Albert Altro

Printed name

Position or relationship to debtor **Chief Restructuring Officer**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes